

NC DIVISION MH/DD/SAS DWI ASSESSMENT REVIEW TOOL

Confidentiality of SA and MH consumer-identifying information is protected under Federal regulations 42 CFR Part 2 and HIPAA, 45CFR Parts 160 and 164. The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical and other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

PROVIDER:		Monitoring Control No.	
Consumer Name:		JSI Authorization No.	
Guardian:		Assessment Date:	
QUESTION RATING CODES:	0= NOT MET; 1= MET; 9= NOT APPLICABLE	RATING	
AUTHORIZATION STATUS:			
1. Level of Service: 1. (A) 2. (ST-O) 3. (LT-O) 4. (IOP) 5. (I-Residential.) 6. (SCP)		1.	
2. Facility is licensed with DFS and is in accordance with GS 122C-3 and 10A NCAC 27G .0401, .3500, .3700.		2.	
3. Provider's authorization number is current or in the renewal process. 10A NCAC 27G.3806.		3.	
4. Re-Authorization fees were submitted to Justice Systems Innovation based upon assessments completed during the prior fiscal year. Verification of fees paid is present.		4.	
CREDENTIALING/APPROVALS: STAFF: ()			
5. Staff is/are credentialed/qualified as outlined in 10A NCAC 27G .3808 of the North Carolina MH/DD/SAS Rule to perform DWI assessments. As of October 1, 2005, assessments shall be done by clinicians who are at a minimum, a registered intern. HB 1356 section 1.		5.	
ASSESSMENT:			
6. There is evidence that the client received a complete substance abuse assessment as set forth in North Carolina General Statute G.S. 20-17.6 c, MH/DD/SAS Law 122C-1421., Verification of attempts to gain all required documentation is present. BAC Verified _____ Complete Driving Record _____ Assessment ____ ASAM Criteria _____ Legible Signature _____ Certification /Registered Intern _____ Date _____		6.	
7. There is evidence that the client was given a standardized test that has been approved by the Department of MH/DD/SAS as set forth in North Carolina MH/DD/SAS Law 122C-142.1 (b).		7.	
8. There is evidence that the facility recommended to the client either ADET school or treatment as set forth in North Carolina MH/DD/SAS Law 122C-142.1 (b).		8.	
9. There is evidence that the original 508 or e508 certificate of completion was forwarded to the Department (Justice Systems Innovation), as set forth in North Carolina MH/DD/SAS Law 122C-142.1 (b). Exceptions are documented.		9.	
10. The assessment fee collected from this client is in accordance with guidelines set forth in North Carolina MH/DD/SAS Law 122C-142 (f). No more than \$100.00 was collected from this client.		10.	
DOCUMENTATION:			
11. The client's signature is present indicating that they were given a complete list of all DWI Assessment /Service providers within their service area.		11.	
12. The client's signature is present indicating that they were given information on the requirements necessary for reinstatement of their driving privilege.		12.	
13. There is evidence that the client signed the recommended Consent for Release of Confidential Information form, in accordance with 10A NCAC 27G .3807(d).		13.	
COMMENTS:			
REVIEWER:		DATE:	